			Application Number		10/521,931		
TRANSMITTAL FORM			Filing Date		July 19, 2005		
			First Named Inventor		Helmut Theiler		
		•	Art Unit		2836		
(to be used for all correspondence after initial filing)			Examiner Name		Adi Amrany	_	
Total Number of Pages in This Submission 3		Attorney Docket Num	ber	14603-009US1	$\overline{}$		
		FNCLOSURES	(check all that apply)			_	
		LitoLogottLo	(слеск ил пит ирргу)				
Fee Transmi	ttal Form	☐ Drawing(s)			After Allowance Communication to	тс	
☐ Fee Atta	ached	Licensing-re	lated Papers	_	_		
		Petition		Appeal Communication to Board of Appeals and interferences			
Amendment / Reply							
After Final		Petition to C Provisional		_	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
Affidavits/declaration(s)		Power of Attomey, Revocation Change of Correspondence Address			Proprietary Information		
Extension of Time Request					Status Letter		
☐ Express Abandonment Request		☐ Terminal Disclaimer ☐ Request for Refund ☐ CD, Number of CD(s)		×	Other Enclosure(s) (please identify		
					below):		
					Copy of original declaration		
Information Disclosure Statement			.,				
Certified Copy of Priority		☐ Landsca	pe Table on CD				
Document(s)		]					
Reply to Missing Parts/ Incomplete Application		Remarks					
		A copy of the originally-signed Declaration is being submitted for placement in the USPTO file. In the					
Пв	ply to Missing Parts	Declaration on file, the U	J.S. serial number and filing	date wer	e added post-signing.		
	der 37 CFR 1.52 or 1.53						
	SIGNA	TURE OF APPLICA	NT, ATTORNEY OR	AGENT			
Firm Name Fish & Richardson I		P.C.					
Signature	V90 122						
Printed Name	Paul A. Pysher, Reg						
Date	1 May 20	2 44					

CERTIFICATE OF TRANSMISSIONMAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Name (Print/Type) Date